

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS	69861	6/17
O.I.P.E. CLASSIFIER		5	6-22-60
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

### INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	N
6	N
7	N
8	N
9	N
10	N
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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